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Multi-country programme document

Pacific Island Countries

Summary

The multi-country programme document for the Pacific island countries is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The multi-country programme document includes a proposed aggregate indicative budget of $54,116,000 from regular resources, subject to the availability of funds, and $67,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

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Programme rationale

1. The Pacific islands subregion presents unique challenges and opportunities. It has a population of some 2.45 million,[1] 40 per cent of whom are under age 18, and is spread across 14 countries and territories in an area equivalent to 15 per cent of the earth's surface. The countries have small, culturally diverse populations, high levels of environmental vulnerability and limited income sources, all of which challenge their ability to ensure sustainable, equitable human development.

2. They are among the countries most vulnerable to climate change and natural disasters. Eight are among the 20 countries in the world with the highest average annual disaster losses scaled by gross domestic product (GDP).[2] With three countries (Kiribati, Tuvalu and Solomon Islands)[3] [4] classified as least developed fragile states and three others as either fragile (Federated States of Micronesia and the Marshall Islands) or least developed countries (Vanuatu), the majority of the 14 countries are constrained in their capacities to deliver equitable social services.

3. Across the Pacific, GDP growth rates averaged around 4 per cent in 2015, and are projected to hover between 4 and 5 per cent.[5] Economic growth prospects are brighter in a few countries, particularly Samoa and Tonga, with increasing private sector and infrastructure investments. The long-term outlook for growth depends on countries' abilities to maximize the benefits of their limited income opportunities, including fisheries, remittances and tourism.

One in five Pacific islanders live in poverty, and the proportion of the population living below the national poverty line has been increasing in the Federated States of Micronesia, Samoa, Tonga, Tuvalu, with Fiji and Solomon Islands showing declining rates.[6] Deprivation is generally higher in outer islands, peri-urban areas and informal settlements, where access to social services is low. Child poverty prevalence is higher than the national level in countries with available data – Federated States of Micronesia, Kiribati, Palau, Samoa, Solomon Islands and Tonga. The percentage of children aged 0-14 living below the national poverty line is highest in the Federated States of Micronesia, Fiji, Palau, Samoa and Tonga.[7] In addition, around 40 per cent[8] of children live in highly vulnerable households,[9] where small external shocks can push them into poverty. Most Pacific governments have recognized the need to redesign social safety nets to respond to specific vulnerabilities, including climate change.

4. Data suggest some progress with maternal mortality and significant progress with under-five mortality in the past decade. However, seven countries have under-five mortality rates (U5MR) above the Sustainable Development Goals target of 25 per 1,000 live births by 2030. U5MR ranges from eight deaths per 1,000 live births in the Cook Islands to 56

[1] UNFPA, 2016 (available at https://esa.un.org/unpd/wpp/DataQuery/).
[2] World Bank, "Acting today for tomorrow: the countries are Vanuatu, Niue, Tonga, Federated States of Micronesia, Solomon Islands, Fiji, Marshall Islands, Cook Islands", 2012.
[3] United Nations Committee for Development Policy, 2016.
[4] World Bank, 2014.
[5] World Bank, 2017 (estimates available at http://www.worldbank.org/en/country/pacificislands).
[6] UNDP, "The state of human development in the Pacific: a report on vulnerability and exclusion in a time of rapid change", 2014.
[7] World Bank, "Hardship and vulnerability in the Pacific island countries, 2014.
[8] UNDP, 2014
[9] Living in households where the expenditure is less than double the national poverty line.

deaths per 1,000 live births in Kiribati.[10] This means that an estimated 1,700 children died before age five across the 14 Pacific island countries in 2016. A third of those deaths occurred in Solomon Islands. Over 80 per cent of under-five deaths occur in the first year of life; with over half of infant deaths in the first 28 days, ranging from 50 per cent in Solomon Islands to 79 per cent in Nauru. Only Cook Islands, Palau and Tonga have low neonatal mortality rates. The major causes of neonatal deaths are infection, birthing complications, preterm births and congenital diseases. Seven countries (Federated States of Micronesia, Kiribati, the Marshall Islands, Samoa, Tokelau, Tonga, Vanuatu) do not meet the global target of 90 per cent national immunization levels for the measles vaccine and three doses of combined diphtheria/pertussis/tetanus (DPT3), with rural and outer island children having the lowest coverage. Of the seven countries with data, maternal mortality varies widely, from 30 to 124 deaths per 100,000 live births in Fiji and Tonga, respectively.

5. Significant data gaps exist on malnutrition. The available information shows stunting of children under-five is highest in Solomon Islands (32 per cent), Vanuatu (29 per cent), and Nauru (24 per cent). In general, the coverage of essential nutrition interventions, including infant and young child feeding practices, de-worming and iron supplementation for pregnant women and children under-five, are low in all countries.

6. Obesity prevalence among women aged 15-64 ranges from 23 per cent in Vanuatu to 68 per cent in Tokelau, while overweight prevalence ranges from 32 per cent in Fiji to 90 per cent in Samoa.[11] While data is scarce, high levels of childhood overweight and obesity were found in Tonga (17.3 per cent). High to very high levels of overweight and obesity (47 per cent to 8 per cent) were found among adult females in the Federated States of Micronesia, Fiji, Kiribati, Samoa, Solomon Islands and Vanuatu. Maternal obesity may have negative consequences both on the foetus and later in life.

7. High adolescent birth rates, women's poor health and nutritional status, limited supply, utilization and quality of health services, particularly for remote and vulnerable populations, along with limited availability of community-based outreach and referral systems, contribute to poor maternal, neonatal and child health. Gaps exist in health planning, staffing, budgeting, operational guidance, updated protocols and supply chain management. Health-seeking behaviour remains a challenge: new approaches to community and health worker capacity-building is required to strengthen the quality of services. The prevalence of HIV is generally low in the Pacific, with all countries having rates below 1 per cent. Fiji and the Marshall Islands have a higher prevalence among youth aged 15-24 years. The incidence of sexually transmitted infections in pregnant women is highest in Samoa (36 per cent), followed by Fiji (29 per cent) and Vanuatu (25 per cent).

8. Over 90 per cent of Pacific islanders have access to an improved drinking water source. However, one in three persons in Kiribati, one in five in Solomon Islands and one in ten in the Federated States of Micronesia have no access to improved water sources. In addition, the availability of safe drinking water cannot be guaranteed, particularly in remote outer islands fully dependent on intermittent rainfall.

[10] United Nations Inter-agency Group for Child Mortality Estimation, "Levels and trends in child mortality", 2015.

[11] STEPS surveys, various years where comparable data is available, 2002 to 2011.

9. While two thirds of the population in the Pacific have access to improved sanitation facilities,[12] that access is uneven, with Solomon Islands (30 per cent), Kiribati (40 per cent), the Federated States of Micronesia (57 per cent) and Vanuatu (58 per cent) having the lowest. The joint monitoring programme estimates high rates of open defecation in Solomon Islands (54 per cent) and in Kiribati (36 per cent). Sanitation and water coverage in the Pacific have been stagnant in the last 25 years, with minimal gains made since 1990.

10. Household-level data show large inequalities in water, sanitation and hygiene (WASH) coverage, with higher-income households having access to better facilities. For example, in Vanuatu the wealthiest quintile of the population has 97 per cent coverage of improved sanitation compared with only 38 per cent of the poorest quintile.[13] The impact of limited household access to water and sanitation falls disproportionately on women. A study of informal settlements in the region found that women were subjected to risk of sexual and physical violence from collecting water or defecating away from home late at night or in early morning.[14]

11. Although data on safe hygiene practices is limited, an analysis highlighted that only 40 per cent of households across six countries practice safe disposal of children's faeces.[15] Household surveys for Solomon Islands[16] and Vanuatu[17] found that only 17 per cent and 32 per cent, respectively, of rural households have a dedicated hand-washing place with water and soap available.

12. Self-reported data collected by the ministries of education in Kiribati, the Marshall Islands and Solomon Islands found low levels of schools with WASH facilities. In Kiribati, only 3 per cent of schools had safe water available and 4 per cent had sanitation facilities.

13. Despite progress, a number of enabling environment barriers to accelerating access to water and sanitation still exist. These include outdated national and provincial policies, insufficient budget allocation, and lack of reliable data to inform decision-making.

14. Based on net enrolment ratios, more than 70 per cent of 3 to 5 year olds in the Pacific region do not have access to pre-primary or preschool education. Bottlenecks include the lack of physical availability of quality early childhood care and education (ECCE) services, insufficient regulatory oversight and monitoring. There are limited legislative provisions and investment in the sub-sector that impede institutionalization of quality early ECCE services. Additionally, parents' low awareness of the benefits of these services limits participation of children in pre-primary education.

15. While national enrolment rates in primary education have improved across the region, learning attainment, survival and completion rates remain low. The majority of primary school-aged students are enrolled in school, with a regional adjusted net enrolment rate for primary education of 89 per cent in 2012.[18] Recent data show that over 30 per cent of children in Solomon Islands and Vanuatu, and 20 per cent in the Marshall Islands did not

[12] UN-Habitat, UNICEF, SPC, WHO, "Sanitation, drinking water and health in Pacific island countries", 2015.
[13] UNICEF, East Asia and the Pacific Regional Office, "A snapshot of water and sanitation in the Pacific", 2015.
[14] PRIF, Review of Water and Sanitation in Informal Settlements in Melanesian Countries: Solomon Islands, Fiji, Vanuatu, Papua New Guinea, 2015.
[15] Ibid.
[16] MHMS, UNC, UNICEF, WaterAID, "Solomon Islands Rural WASH Baseline Survey", 2016.
[17] DGMWR, UNICEF, "Vanuatu water, sanitation and hygiene country profile", 2016.
[18] UNESCO Apia, "Pacific education for all: 2015 review", 2015.

complete their final year of primary education. Available data show that only 10 per cent of children with disabilities have access to schooling.

16. The highest rates of out-of-school children (primary) are in Solomon Islands (19 per cent), Nauru (13 per cent) and the Federated States of Micronesia (13 per cent).[19] Poor access in hard-to-reach areas, lack of curriculum relevancy for lifelong learning and employability, inadequacy of teacher quality, and absence of child-friendly, inclusive schooling pose barriers to quality primary education and expanding post-basic education. The Pacific lacks services for out-of-school children, with few non-formal, alternative education or second-chance education programmes.

17. Learning outcomes are a concern for those in school. The 2015 Pacific islands literacy and numeracy assessment (PILNA) indicates that a large proportion of students in years four and six are not meeting learning targets. Gender disparities also persist. Many primary school teachers are untrained – over one third in Solomon Islands and Vanuatu – and there are system inadequacies in pre- and in-service training to support effective teaching and learning, particularly in remote multi-grade schools. Overall, the region's education sector faces significant capacity constraints to deliver quality services, with knowledge and behaviour gaps among service providers, parents and caregivers.

18. While evidence is limited, studies reveal a series of common protection issues that children in the Pacific face, often rooted in structural factors, such as inequity, discrimination, entrenched social norms and population remoteness. A significant concern is the high prevalence of violence that children suffer and witness in their households, schools and communities.

19. Despite significant progress in the development of stronger child protection approaches, children continue to face violence at home and in school and are not sufficiently protected by their communities. While positive trends have emerged in legal and policy reform, the implementation of strengthened legal frameworks remains a challenge. This is due to weak dissemination of laws to professionals tasked with implementation and lack of resources to structural changes. More than 20 per cent of parents in the Federated States of Micronesia, Palau and the Marshall Islands daily use physical punishment "that hurts a child", and 12 per cent suffer "verbal humiliation".[20,21,22] There is consistently high use of physical discipline among caregivers in the Pacific.[23] Moreover, about 57 per cent of children whose mothers experienced physical violence either saw or heard their mother being assaulted, and 17 per cent were beaten during a violent incident in Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu.[24] Prevalence of sexual violence is highest in Solomon Islands, Nauru and Vanuatu with, respectively, 37 per cent, 30 per cent and 30 per cent of women reported facing sexual violence before age 15.[25,26,27]

[19] UNESCO, "Out-of-school children and adolescents in Asia and the Pacific", 2015.
[20] Child protection baseline report for the Federated States of Micronesia, 2014.
[21] The Republic of Palau child protection baseline report, 2014.
[22] Child protection baseline report, Republic of Marshall Islands, 2012.
[23] UNICEF Pacific, "Protect me with love and care", 2010. Studies conducted in Fiji, Kiribati, Solomon Islands and Vanuatu in collaboration with the governments.
[24] UNICEF, "Harmful connections: examining the relationship between violence against women and violence against children in the South Pacific", 2015. Countries studied: Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu.
[25] Solomon Islands family health and safety study, 2009.
[26] Nauru family health and support study, 2014.

20. Prevailing attitudes and practices negatively impact protection outcomes. Gender roles and relations across the region are deeply rooted in patriarchy. Social norms in most countries dictate that corporal punishment is widely accepted and practised by parents, teachers and others.

21. Limited data reveals that referral rates for children in contact with the law are very low, ranging from 6 per cent of cases in Kiribati to 27 per cent in Fiji, the majority dealt with at the community level. While diversion from formal systems is desirable, it is not clear to what extent children's rights are safeguarded in community processes.[28]

22. Legal provisions have not blended or harmonized with entrenched customary law practised in all countries. National legal frameworks across the Pacific lack the resources to be fully operational. The social welfare workforces are often untrained and overburdened.

23. The multi-country programme, 2018-2022, applies a strengthened equity approach, building on lessons of the three-tier approach of the last two cycles, where 14 countries were placed within three categories based on gross national income and the human development index. The programme prioritized three countries in the lowest tier: Kiribati, Solomon Islands and Vanuatu. The tier system led to sidelining of some countries with poor child indicators, such as the Marshall Islands and Federated States of Micronesia. In the new multi-country programme, the priority and scope of support to individual countries and territories is based on analysis of magnitude and severity of deprivations and inequities faced by children in each country, along with disaster and climate risks and the role played by other development actors.

24. Based on analysis of common child deprivations across the Pacific, UNICEF will prioritize actions that accelerate access of the most vulnerable to quality, resilient services which: (a) reduce infant deaths and improve health and nutrition of young children, including water, sanitation and hygiene; (b) ensure that children are better prepared for and complete quality primary education with better learning outcomes; (c) protect children and women from violence and abuse; and (d) strengthen families' and communities' economic resilience.

Programme priorities and partnerships

25. The multi-country programme promotes the rights of all children in the Pacific islands, by strengthening national/regional capacities to ensure equitable opportunities for every child to reach full potential. Guided by the principle of the Sustainable Development Goals of 'leaving no one behind', the programme will focus on reducing inequity gaps across and within countries, particularly in remote/outer islands, peri-urban and informal settlements, and target children with disabilities.

26. The multi-country programme is complementary to the framework for Pacific regionalism and supportive of the Small Island Developing States Accelerated Modalities of Action Pathway. It will contribute to Sustainable Development Goal and national development strategies for enhancing sustainable, inclusive development in 14 countries, and all six outcomes of the United Nations Pacific Strategy, 2018-2022: (a) climate change, disaster resilience and environmental protection; (b) gender equality; (c) sustainable and

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[27] Vanuatu National Survey on Women's Lives and Family Relationship, 2011.

[28] UNICEF, regional summary of the Fiji, Kiribati, Solomon Islands and Vanuatu child protection baseline reports, 2008.

inclusive economic empowerment; (d) equitable basic services; (e) governance and community engagement; and (f) human rights.

27. The programme will be coordinated as part of the United Nations Pacific Strategy, 2018-2022, and the work of two United Nations country teams. It will be implemented in cooperation with governments of eleven independent states and three territories, in collaboration with agencies of the Council of Regional Organisations in the Pacific, such as Pacific Islands Forum Secretariat, Pacific Community, Secretariat of the Pacific Regional Environment Programme and University of South Pacific. Key partners will include non-governmental organizations (NGOs), community-based organizations, faith-based organizations, media, private sector, academia and donors, including the governments of Australia, China, Japan, New Zealand, the Republic of Korea and the United States of America, as well as the European Commission and a number of global movements.

28. The programme has six components: (a) child and maternal health and nutrition; (b) water, sanitation and hygiene; (c) education; (d) child protection; (e) policy, evidence and social protection; and (f) programme effectiveness. The programme will demonstrate integrated, effective solutions to tackle inequalities at local level recognizing the need for rapid emergency response and longer term development in the Pacific context. Given the high exposure to climate change and natural disasters in Pacific countries, the programme will mainstream emergency preparedness and response and disaster risk reduction (DRR) strategies in all components.

29. UNICEF will utilize six key strategies to achieve planned results:

(a) Evidence-based advocacy and technical assistance to support formulation and implementation of strengthened child-sensitive legal frameworks, policies, plans and budgets;

(b) Capacity development for generating data, planning, delivery and monitoring of strengthened and resilient social services, particularly in rural, remote and other under-served locations;

(c) Community engagement aligned with social and behavioural communication, focused on improved, healthy, protective practices;

(d) Partnership building with regional institutions, civil society organizations and with children and young people;

(e) Modelling of new approaches and technological innovations to enhance learning and link widely dispersed populations for real-time monitoring;

(f) Facilitation of South-South cooperation through knowledge exchange, sharing of good practices and lessons learned and establishing Pacific regional cooperation.

Child and maternal health and nutrition

30. UNICEF will focus on five major changes necessary to overcome key health system bottlenecks that contribute to high rates of neonatal and early infant deaths and levels of stunted and overweight children: (a) strengthened policies and legislative frameworks and their monitoring and enforcement; (b) enhanced planning and coordination mechanisms for health and nutrition, including linkages with WASH, early childhood development and social protection; (c) enhanced knowledge and skills of caregivers to adopt critical health, nutrition and care practices, supported by efforts to bring about shifts in social norms and sociocultural habits; (d) improved delivery and monitoring of quality facility and

community health and nutrition care services; and (e) strengthened capacity of health care systems to plan for, adapt to and recover from disasters and longer-term climate changes. The intensity of UNICEF support will be based on the context and child health situation in each country. UNICEF will work closely with ministries of health in collaboration with the Asian Development Bank (ADB), NGOs, Pacific Community, Rotary, United Nations Population Fund (UNFPA); and World Health Organization (WHO).

31. Across all countries, UNICEF will undertake technical collaboration with ministries of health for policy formulation, analysis of human resource capacities and financial flows, improving health information systems and management of health commodities. It will undertake evidence-based advocacy to promote strengthened investment in child and maternal health and nutrition. Through the Vaccine Independence Initiative, UNICEF will facilitate vaccine procurement and distribution, and technical support for effective vaccine and cold chain management in all 14 Pacific island countries. UNICEF will provide support on disaster preparedness and co-lead the nutrition sub-cluster to strengthen coordination capacity.

32. In five countries whose child and maternal health and nutrition indicators are worse off – the Federated States of Micronesia, Kiribati, the Marshall Islands, Solomon Islands and Vanuatu – UNICEF will support a comprehensive health systems-strengthening approach. By providing technical and financial assistance, UNICEF will strengthen the quality of service delivery both at the facility level and with community-based approaches on antenatal care, emergency obstetric and neonatal care, integrated management of childhood illness and immunization. Through the 1,000 days approach, UNICEF will promote high impact interventions to reduce stunting – including micronutrient supplementation, breastfeeding and complementary feeding, treatment of acute malnutrition, and sanitation, hygiene, stimulation and care practices. It will support actions to enhance parents' and caregivers' knowledge of and ability to practice safe, caring and protective behaviours. These will have an impact on maternal, child obesity and non-communicable diseases; WHO will work on overweight issues among adolescents.

33. UNICEF will support a targeted approach in countries with specific challenges. In Tonga, which has 17.3 per cent childhood obesity, UNICEF will provide technical support for a government-led programme tackling overnutrition. In Nauru, UNICEF will support the Government to address high neonatal mortality and stunting. Owing to high levels of disaster risk, UNICEF will provide technical and supply assistance to Fiji and Tonga for early action in the health sector and build more resilient systems.

Water, sanitation and hygiene

34. To increase children's access to adequate, equitable, affordable and safe drinking water and sanitation in rural, peri-urban and remote areas, UNICEF will: (a) generate evidence and build institutional capacity for WASH financial planning, coordination, service delivery and monitoring, focused on children with disabilities and girls' needs; (b) increase capacities of communities, schools and health-care providers to demand and manage WASH infrastructure, including during emergencies; and (c) promote healthy water, sanitation and hygiene behaviours.

35. UNICEF will provide capacity development and technical assistance for WASH policy, planning and standards development in all the 14 Pacific island countries. It will align this support with regional coordination and financing mechanisms established by the Pacific Region Infrastructure Facility, involving the Asia Development Bank, World Bank,

European Union, Japan International Cooperation Agency and the governments of Australia and New Zealand, in collaboration with the Pacific Community.

36. Based on levels of access to WASH services, the Federated States of Micronesia, Fiji, Kiribati, Solomon Islands and Vanuatu will receive comprehensive support for water, sanitation and hygiene, including menstrual hygiene as part of a WASH in Schools programme. UNICEF will implement the innovative drinking water safety and security planning approach to make communities resilient to climate change and natural hazards so they can safely manage their water resources during short-term or slow-onset disasters.

37. UNICEF will extend targeted support for cluster coordination to countries with relatively high levels of exposure to natural disasters, such as Tonga and Samoa. As Pacific cluster lead agency, UNICEF will facilitate learning exchange for preparedness, response and strengthening of national and community resilience through the Pacific WASH Coalition.

38. To promote new social norms for latrine use, and ultimately create open defecation free communities, in the Federated States of Micronesia, Kiribati and Solomon Islands, UNICEF will facilitate community approaches to total sanitation, together with government, local authorities, schools and communities. Additionally, it will support affordable sanitation marketing approaches to ensure adequate, sustainable supply of appropriate facilities at the community level, particularly for adolescent girls. It will use this platform for broader promotion of safe water, sanitation, hygiene, nutrition and care practices.

Education

39. To ensure that more pre-primary, primary and lower secondary school-aged children are in school and learning, UNICEF will work to strengthen education system capacities to: (a) increase availability and quality of early childhood education programmes; (b) improve quality of teaching; (c) develop alternative education opportunities for children out-of-school; and (d) build resiliency of schools and communities.

40. In collaboration with partners, including the World Bank, Save the Children and the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF will support ministries of education in five countries with the highest rates of children out of primary school and lowest learning outcomes: Federated States of Micronesia, Kiribati, Solomon Islands, Tuvalu and Vanuatu. It will provide technical support to generate and analyse evidence on children not learning optimally and to remove barriers to education for children out-of-school. UNICEF will support modelling of alternative education pathways for out-of-school children, particularly in Solomon Islands. Further, it will help to strengthen the ability of schools in rural and remote areas to identify children who are not learning. It will assist capacity building of teachers to better address students' learning needs, including children with learning challenges and disabilities.

41. Owing to specific vulnerabilities, UNICEF will target Fiji, Kiribati, Solomon Islands, Tonga, Tuvalu and Vanuatu to strengthen their education systems' resilience to disasters. This will include detailed stakeholder mapping exercises, promoting DRR in teaching-learning, providing technical guidance to ensure safe school environments and training teachers on improving the psycho-social wellbeing of children exposed to emergencies. In Nauru, UNICEF will support socially cohesive schooling through a child-friendly school approach.

42. Since the majority of countries in the Pacific have limited early learning opportunities, UNICEF will take a regional approach to promote greater investment in disability-inclusive early childhood education. It will complement this through its role as secretariat of the Pacific Regional Council for ECCE, and build on its advocacy partnership with the World Bank. UNICEF will provide technical assistance for policy and strategy formulation and implementation of comprehensive capacity development programmes in the Federated States of Micronesia, Kiribati, Solomon Islands, Tuvalu and Vanuatu towards institutionalizing universal pre-primary education.

Child protection

43. In partnership with ministries of social welfare, justice, security, health, education and youth, as well as the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), UNDP and UNFPA, UNICEF will accelerate support initiated in the previous multi-country programme for the development of comprehensive child protection systems in Pacific countries. The systems approach comprises three interlinked components: child-friendly justice system; child-focused social welfare system; family and community strengthening. All are supported by an enabling legal and policy framework and operational inter-sectoral coordination mechanisms, including health, education and social protection. Actions to prevent and respond to violence and abuse against children serve as entry points for the system-strengthening approach.

44. In Fiji, Kiribati, Solomon Islands and Vanuatu – with more advanced institutional frameworks – UNICEF will continue to support ministries responsible for social welfare and justice in implementing child protection policies, including initiatives to pilot service delivery mechanisms for children and families. UNICEF will provide technical support and funding for curriculum and operational standards development, capacity building of social welfare staff, justice sector officials and civil society organizations, equipping them to provide prevention and response services at national scale.

45. In the Federated States of Micronesia, Nauru, Samoa, Tonga and Tuvalu, UNICEF will support the development of child protection laws, policies and costing models to implement new measures, including organizational capacity strengthening.

46. To reduce high levels of child and gender-based violence, UNICEF will support evidence-informed social and behavioural change approaches aimed at parents, caregivers and teachers in pilot communities in Fiji, Solomon Islands, Kiribati and Vanuatu, focused on positive discipline and coping with stress. It will complement this by life skills-based programmes for adolescents, building communities' ability to promote positive behaviours.

47. UNICEF will provide technical support for the development and implementation of legislation that prohibits violent discipline in schools and for the establishment of mechanisms for children to safely report bullying, violence and abuse in selected countries. This includes the development and use of standard operational procedures and referral systems, as well as training programmes for national and subnational actors in key sectors.

48. In all 14 countries, UNICEF will continue to support civil registration authorities to strengthen birth registration, in collaboration with the Brisbane Accord Group, and emergency preparedness and response, in collaboration with national disaster management offices and the Pacific humanitarian protection cluster.

Policy, evidence and social protection

49. UNICEF will focus on increasing understanding of the multiple factors that contribute to the socioeconomic vulnerabilities of children in the Pacific and on promoting evidence-informed, systematized approaches to improving their situation. To do so, it will: (a) strengthen institutional capacity to generate data and evidence and monitor the situation of children; (b) enhance capacities in key ministries and among decision-makers to analyse and use evidence for equity-focused, child-centred development planning and budgeting, and; (c) promote child-sensitive comprehensive social protection systems, which include a focus on emergency and resilience.

50. UNICEF, in collaboration with the Pacific Community, Pacific Islands Forum Secretariat and United Nations organizations, will provide technical support to strengthen national statistical systems' capacity in all 14 countries to generate and use regular, reliable data on children for planning, policy formulation and reporting. This includes assisting countries to meet treaty-reporting obligations, particularly the Convention on the Rights of the Child. UNICEF will support national, multi-country or regional studies on child poverty, urbanization, climate change, DRR and other emerging issues affecting children.

51. UNICEF will enhance its focus on public finance for children, engaging in budget analysis and targeted advocacy with parliamentary committees, key ministries and youth parliaments. It will initially focus on the Federated States of Micronesia, Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu, where budget information is publicly available.

52. UNICEF will partner with donor governments, ADB and the World Bank to advocate and provide technical support for countries to expand or develop comprehensive child-sensitive social protection systems, as part of broader poverty reduction strategies. This will include support for evaluation and analysis of existing social assistance programmes and South-South knowledge-sharing on social protection, particularly from Asian countries.

Programme effectiveness

53. This component will ensure the programme is effectively managed, coordinated, monitored and evaluated, centrally and in field offices for efficient delivery of results. It serves to develop synergies and foster inter-sectoral programme implementation.

54. UNICEF will implement advocacy and partnership strategies in support of sector programmes, policies and plans. External communication will raise awareness of the situation of children through media and civil society. It will coordinate communication for social and behavioural change across all programmes to increase knowledge and skills that improve child health, nutrition, sanitation, hygiene and early learning, reduce violence against children and sustain demand for quality social services. The concept of healthy mind and healthy body will be encouraged through sports for development. It will expand use of communication technology and innovative approaches to accelerate access to learning, skills development, supervision and monitoring, including rural and remote communities.

55. The programme will provide cross-sectoral support for mainstreaming gender-responsive programming, and ensure coherence and coordination in emergency preparedness and response and resilience-strengthening actions across sectors. Operational support and field operations will be critical in delivering effective results for children.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child and maternal health and nutrition	7 000	16 000	23 000
Water, sanitation and hygiene	6 500	19 500	26 000
Education	7 000	14 500	21 500
Child protection	8 000	11 000	19 000
Policy, evidence and social protection	7 500	2 000	9 500
Programme effectiveness	18 116	4 000	22 116
Total	**54 116**	**67 000**	**121 116**

Programme and risk management

56. The multi-country programme document outlines UNICEF contributions to regional and national development priorities of the 14 Pacific island countries and serves as the primary unit of accountability to the Executive Board. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

57. Delivering the multi-country programme has unique challenges and risks, including the complicated management context dealing with scattered populations in 14 countries, the vastness resulting in very high transactions costs, overreliance on development aid, exposure to natural disasters, lack of reliable data to ensure services reach the most vulnerable, and limited human and financial capacities within many governments.

58. To mitigate risks, UNICEF will work within the United Nations system and regional organizations to monitor risks, build partner capacity in programme preparedness and delivery, data collection and situation-monitoring of children. Through the expanded programme focus on public finance, UNICEF will intensify advocacy for sustained investment in children and social services with Pacific island governments and development partners. UNICEF will seek a broader range of donors, including regional and global private foundations, that have an interest in climate change adaptation and mitigation.

59. The UNICEF field presence and the United Nations joint presence offices will ensure continued coordination with governments. Programme coordination, monitoring and annual reviews will be led by the ministries of planning or their equivalent in each country.

60. Emergency preparedness and response and DRR approaches are mainstreamed across all programmes, focused on enhancing resilience of social service systems and communities.

Monitoring and evaluation

61. Monitoring and evaluation will be based on the results and resources framework, the costed evaluation plan and the integrated monitoring, evaluation and research plan. UNICEF will strengthen results-based management skills of staff and partners to adequately plan, deliver, monitor and evaluate programmes. UNICEF will strengthen real-time monitoring for regular programme and humanitarian performance monitoring.

62. UNICEF will support at least four independent evaluations to foster learning and accountability, highlighted in the costed evaluation plan. They will inform programme strategies and improve effectiveness and sustainability of programmes for children.

63. UNICEF will work closely with governments, other United Nations organizations and the Pacific Community's statistics division to strengthen capacities to conduct regular surveys, including demographic and household surveys, household income and expenditure surveys, and censuses. UNICEF will support the strengthening of sector administrative information systems with attention to education, health, WASH and child protection. UNICEF will continue to play a key role in the United Nations and regional Sustainable Development Goal data working group and the United Nations data monitoring and evaluation group.

64. UNICEF will undertake a mid-term review of the multi-country programme in 2020, which will inform the priorities and strategies for the remainder of the programme cycle and make necessary adjustments.

Annex

Results and resources framework

Pacific Island Countries – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Articles 6-7, 12, 19, 23-24, 26-30, 34, 37, 39-40, 42.
National priorities: National development strategies/frameworks of 11 countries and three territories.
Sustainable Development Goals: 1, 2, 3, 4, 5, 6, 8, 10, 11, 12, 13, 16, 17.

United Nations Partnership Strategy outcomes involving UNICEF:
(1) Climate change, disaster resilience and environmental protection; (2) Gender equality; (3) Sustainable and inclusive economic empowerment; (4) Equitable basic services; (5) Governance and community engagement; and (6) Human rights.

Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2022, children in the Pacific, particularly the most vulnerable, increasingly benefit from quality and resilient health and nutrition services and care practices.	Number of countries with at least 90 per cent of surviving infants receiving DPT3 vaccines. **B**: 8 **T**: 14	WHO/UNICEF reports	National capacities enhanced to strengthen quality health and nutrition policy and legislation, particularly in target countries. Health system capacities strengthened to deliver quality health and nutrition services that are adapted to the impacts of climate change, particularly in target countries.	Ministries of health, WHO, UNFPA, UN-Women, Scaling up Nutrition, ADB, World Bank, Pacific Community (SPC), Pacific Islands Forum Secretariat (PIFS), World Vision, Red Cross	7 000	16 000	23 000
	Number of high burden countries reporting reduction in number of children under-five who are stunted. **B**: 0 **T**: 6	DHS					
2. By 2022, more Pacific children and their families, particularly the	Number of countries with over 75 per cent of the population using basic	JMP update	Governments have strengthened institutional frameworks for water, sanitation and hygiene, particularly	Ministries of health, education, infrastructure and	6 500	19 500	26 000

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome, regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
most vulnerable, are accessing adequate, equitable, affordable drinking water, sanitation and hygiene.	sanitation facility. **B**: 8 **T**: 11		in target countries. Communities have improved access to basic drinking water and sanitation, including in schools and health facilities, particularly in target countries. Parents, caregivers and children have increased knowledge of the risks of poor WASH practices and the skills to adopt safe sanitation and good hygiene practices, particularly in target countries. Governments and communities have increased capacity to prepare for and respond to disasters and adapt to climate change in the WASH sector, particularly in target countries.	public utilities Pacific Regional Infrastructure Facility members. SPC USP			
	Number of countries with over 95 per cent of the population using basic source of drinking water. **B**: 7 **T**: 11	JMP update					
3. By 2022, more pre-primary, primary and lower secondary school aged children, particularly the most vulnerable, are in school and learning.	NER in pre-primary and primary education. **B**: <u>Pre-Primary</u> Kiribati – only GER available) Solomon Islands - NER 27.2 % Vanuatu – 42.5% Federal States of Micronesia – 26% Tuvalu – 76% Nauru – 69.7% <u>Primary</u> Kiribati – 78% Solomon Islands - 88.7 % Vanuatu – 88% Federal States of Micronesia – 87% Tuvalu – 91% Nauru – 86.4%	Annual UIS National education management information systems (EMIS)	More young children have access to quality inclusive early learning opportunities, particularly in target countries. Education stakeholders have increased capacities to identify and respond to learning needs of children not attending school and/or at risk of dropping out, particularly in target countries. The education system at all levels has increased capacity to build resilience and prepare children and school communities to respond to emergencies and disasters, particularly in target countries.	Ministries of education, Education for All, UNESCO, World Bank, ADB, PIFS, SPC, PRC4ECCE	7 000	14 500	21 500

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T: Pre-primary: At least 5 percentage points increase for each country. Primary: At least 5 percentage points increase for each country.						
	Transition rate to secondary from primary education. **B**: Kiribati – 52% Solomon Islands - 92.2% Vanuatu – 86.7% Federal States of Micronesia – No data Tuvalu – 82.6% **T**: At least 5 percentage points increase for each country.	National EMIS systems					
	Proportion of children in the Pacific in grade 4 and at the end of primary achieving at least minimum proficiency level in (a) literacy (b) numeracy, by sex. **Regional baseline**: Year 4 literacy: 46.4% (Boys: 40.5% Girls: 52.2%) Year 4 numeracy: 86.2% (Boys: 84.2% Girls: 88.2%) **Regional target**: Year 4 literacy: 55% (Boys: 50% Girls: 60%) Year 4 numeracy: 94% (Boys: 90% Girls: 98%)	PILNA					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
4. By 2022, children in the Pacific are increasingly protected from violence and abuse.	Number of countries with existence of child protection policy or act. **B**: 7 (Nauru, Niue, the Marshall Islands, Palau, Kiribati, Solomon, Tokelau) **T**: 12 (above plus Cook, Fiji, Samoa, Tuvalu, Vanuatu)	Official publications	Governments have strengthened child protection institutional frameworks, particularly in target countries. Government and other service providers (non-governmental agencies) have enhanced capacities to provide child protection services that prevent and respond to violence and abuse, particularly in target countries. Parents, caregivers and teachers have increased knowledge and skills to eliminate harmful practices and better protect children from violence and abuse, particularly in target countries.	Ministries of Women and Children, Social Welfare, Youth, Justice, Education, Home Affairs, National Disaster Management Offices, National Police Forces, Attorney General and Civil Registrar Offices. UN-Women, UNFPA	8 000	11 000	19 000
	Percentage of caregivers who use physical punishment against children. **B** (2008): Fiji 72% Kiribati 81% Solomon Islands: 72% Vanuatu: 78% **T**: At least 10 percentage points decrease for each country	Surveys					
5. By 2022, children in the Pacific benefit from an improved policy environment and evidence-based planning and financing.	Level of use of child poverty measures data to plan, monitor, evaluate social protection policies, programmes and budgeting for children[2] **B**: Tonga-2. Other 13 countries – 0 **T**: 3 for all countries	Poverty reports, budget briefs, Ministry of Finance reports, sector annual digests	Countries have strengthened capacities to collect, analyse and use child-centred data and information, and to report on and monitor the situation of children. Governments have strengthened capacity for child rights-based policy formulation, planning and budgeting, particularly in target countries. Governments have strengthened institutional capacity to develop	SPC, PIFS, national statistics offices, national human rights committees/ working groups, World Bank, ILO, ministries of Finance, Pacific Policy Network, Regional Rights Resource Team	7 500	2 000	9 500
	Percentage of children in poor households benefiting from	Social protection information					

[2] 0 – No assessment.
1 – Only monetary child poverty data available.
2 – Both monetary and multidimensional poverty data available.
3 – Child poverty measures in use.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
	social assistance programmes. **B**: Fiji – 5% Tonga – 0% Kiribati – 0% Samoa – 0% **T**: At least 5 percentage points increase for each country	systems, programme review reports	and deliver equitable child-sensitive social protection systems, particularly in target countries.				
6. Programme effectiveness: programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children in development and humanitarian settings.	Percentage of evaluation recommendations implemented, closed and reported within 12 months of uploading. **T**: 100 %	Evaluation database	UNICEF staff and partners have the guidance, tools and resources to effectively plan, manage and monitor programmes. UNICEF staff and partners have the guidance, tools and resources for effective communication on child rights issues with stakeholders. Strategies to address cross-cutting issues related to child rights are developed and applied.		18 116	4 000	22 116
	Percentage of annual management plan indicators rated as 'on track' or 'achieved' in inSight Dashboard **T**: 100%	inSight					
Total resources					**54 116**	**67 000**	**121 116**

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United Nations Children's Fund
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Country programme document

Papua New Guinea

Summary

The country programme document (CPD) for Papua New Guinea is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $10,870,000 from regular resources, subject to the availability of funds, and $75,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

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Programme rationale

1. Papua New Guinea is one of the world's most diverse countries in terms of biodiversity, ethnicity and linguistics (over 850 languages are spoken). It comprises approximately 463,000 km2, including the eastern half of New Guinea Island, the New Britain, New Ireland and Bougainville islands and over 600 smaller islands, 27 per cent of which are inhabited.

2. With an annual growth rate of 2.3 per cent, the population is projected to reach 9 million by 2020. This rapid growth, combined with the mountainous terrain, small scattered islands, poor transportation networks and expensive air travel, poses enormous challenges for the provision of basic services and infrastructure. Rural areas host 85 per cent of the population and 80 per cent of the poor,[1] resulting in substantial migration from rural to urban areas, thus creating new challenges for cities, including informal settlements with poor infrastructure and housing and higher levels of unemployment and crime. In 2011, over half of the 7.05 million people of the country were under 19 years of age.[2]

3. The country's rapid economic growth over the last decade contrasts with persistent poverty, which, at approximately 37 per cent,[3] is considered high against both regional and international standards. It ranked 158 out of 188 countries in the 2015 United Nations Development Programme Human Development Index and scored 3 in the 2015 World Bank Country Policy and Institutional Assessment, exhibiting many of the indicators of state fragility. Due to decreasing oil revenues, the growth rate of the gross domestic product decreased from 13.3 per cent in 2014 to 2.2 per cent in 2016,[4] provoking cuts in social budgets and payments delays.

4. Papua New Guinea is a democracy, with a free press and independent judiciary. The country is highly decentralized, with multiple tiers of government, each funded largely from the national budget. Central Government policymaking and fiscal control are strong. The Development Strategic Plan 2010-2030 maps a path to middle-income status, with a first pillar focused on human capital development, gender, youth and people empowerment. However, capacity is uneven at the provincial and district levels, which have historically performed poorly in terms of service delivery and development.[5] Strong links between ethnicity and party affiliation favour regional and local political interests.

5. The country has ratified six human rights treaties, including the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities. The Government faces challenges in meeting its reporting obligations and has not submitted a progress report to the Committee on the Rights of the Child since its first in 2002. However, in 2016, the country participated in the universal periodic review second cycle, accepting most recommendations, and committed to establishing a national mechanism for reporting and follow-up.

[1] Asian Development Bank, 2015.
[2] National Statistical Office of Papua New Guinea, April 2012.
[3] Papua New Guinea Poverty Profile, 2012, based on The Household Income and Expenditure Survey, 2009-2010.
[4] Asian Development Bank data: www.adb.org/countries/papua-new-guinea/economy.
[5] National Human Development Report, *From Wealth to Wellbeing: Translating Resource Revenue into Sustainable Human Development*, 2014, p.39.

6. Papua New Guinea did not achieve any of the Millennium Development Goals, despite some progress in health, education and other sectors. Persistent challenges remain in addressing poverty, low levels of literacy, tuberculosis, maternal mortality, nutrition, immunization, family planning, environmental sustainability, gender and global partnerships.

7. Many of the country's health challenges result from weak health systems, including low and untimely health financing. About 40 per cent of rural primary health-care facilities are closed or only partially functional.[6] Operating facilities are often run by churches, non-governmental organizations (NGOs) or the private sector and most face critical staff shortages.

8. One result is poor obstetrical and newborn care, resulting in a high rate of under-five mortality (57 per 1000 live births[7]), with about 46 per cent of deaths occurring during the first month of life. At 215 out of 100,000 live births, the maternal mortality rate is among the highest in the region, as is neonatal mortality (25 out of 1,000 live births). Immunization coverage has plateaued at around 60 per cent for almost a decade, with 43 out of 89 districts still below 50- per-cent coverage or lower.[8] Papua New Guinea is the only country in the region that has not eliminated maternal and neonatal tetanus, and it has the highest number of HIV infections in the Pacific region.

9. Malnutrition is the underlying cause of half of all under-five deaths. Almost half of children aged 6 to 59 months are stunted, with approximately 16 per cent of children under the age of five years exhibiting wasting. Stunting is prevalent among all wealth quintiles. The country lacks trained nutritionists and related systems and services. There is no comprehensive protocol to manage severe acute malnutrition, and little knowledge of therapeutic feeding protocols.

10. Papua New Guinea ranks the lowest globally for access to safe water and the lowest in the Pacific region for adequate sanitation. Coverage rates are declining further, with important rural/urban disparities. Water-borne diseases, such as diarrhoea and acute respiratory infections, are among the principal causes of under-5 mortality. Over 60 per cent of the population use unimproved water supplies and less than 20 per cent use improved sanitation facilities, leading to widespread open defecation in rural communities. According to a 2015 baseline assessment on water, sanitation and hygiene (WASH) in schools,[9] only 41 per cent of the primary schools surveyed had one functional toilet exclusively for girls and 51 per cent of the schools had one functional toilet for boys.

11. Only 35 per cent of children complete primary education (grade 8) due to low school-enrolment levels, low teaching quality and poor availability of inclusive education. The Tuition Free Policy raised basic school enrolment in recent years, but has resulted in overcrowding, a lack of adequate resources in the classroom and an increase in the number of overage students in all primary grades to between 60 and 80 per cent. The poor learning outcomes seem to result from low-quality teaching, the inequitable distribution of schools and teachers, irregular remuneration for teachers and high rates of violence. Among grade-5

[6] World Health Organization (WHO) and National Department of Health, Health Service Delivery Profile – Papua New Guinea, 2012.
[7] Inter-Agency Group for Mortality Estimation, 2015.
[8] WHO-UNICEF joint reporting, 2015.
[9] National Department of Education and UNICEF, Baseline assessment of water, sanitation and hygiene in 200 primary schools in six provinces in Papua New Guinea, 2015/2016.

students only 50 per cent can read, 7.5 per cent can write with the expected quality and less than 5 per cent can perform mathematics at grade level.

12. Women and children are exposed to a high rate of violence. Violence against women is a criminal offence, but is often viewed as a private matter and a traditionally accepted way for men to control women.[10] Birth registration is among the lowest in the world, with an estimated 10 per cent of children registered and 3 per cent with a birth certificate. The social welfare and justice sectors remain critically understaffed and underfunded. The formal justice system is unresponsive to the needs of children and women.

13. Papua New Guinea ranked 158 out of 188 countries in the gender inequality index. Very high levels of violence against women and girls impede progress towards social and economic goals. Women are underrepresented at all levels of the Government, limiting their power to influence public policy. The low status of women and girls, driven by stereotypes, cultural norms, attitudes and behaviours of service providers and communities, significantly affect the access of women and girls to resources and basic services, such as health care and education, and their control over them.

14. While the country has ratified the Convention on the Rights of the Persons with Disabilities, national laws, policies and services do not fully consider people with disabilities. Data on children with disabilities is limited and inconsistent. Gendered social norms and cultural beliefs often lead to discrimination and stigma within the family, community and workplace.

15. The limited national capacity to collect and analyze data is a critical challenge and constrains evidence-based programming. The last Demographic and Health Survey dates to 2006, and the 2011 census data was not published until 2014.

16. Papua New Guinea is located in one of the most hazard-prone regions in the world, with exposure to volcanic eruptions, earthquakes, landslides and tsunamis, cyclones, floods, tidal surges, drought and forest fires. Climate change, the overexploitation of natural resources, unsustainable land and sea use, habitat destruction, pollution and poor environmental governance increase the country's vulnerability to natural hazards. The proliferation of small arms, urban crime and tribal conflict are also challenges for central and local authorities. Poverty and a lack of social protection systems further limits people's ability to cope with recurrent shocks.

17. The Government struggles with staff shortages due to the inability to attract and retain workers, particularly in hard-to-reach rural communities. Limited capacities, logistical challenges and high implementation costs have constrained programme implementation, while a lack of data has limited results reporting. A key lesson learned from past cooperation is the need to strengthen policy and advocacy to foster government ownership and sustainability, while continuing to support service delivery and demand-generation.

18. Structural challenges, including weak governance, centralized decision-making, poor national-subnational coordination, insufficient resource allocation and high levels of wastage as well as persistent gender bias on the part of service providers are major bottlenecks that slow progress in basic service delivery. As a result, performance against key indicators of the situation of children has plateaued or deteriorated. Focusing on

[10] Macintyre, Martha, "Gender violence in Melanesia and the problem of Millennium Development Goal number 3", in Jolly, Margaret; Stewart, Christine; Brewer, Carolyn (Eds.), *Engendering Violence in Papua New Guinea*, Australia National University, 2012.

addressing persistent system and policy implementation issues, which constrain the enabling environment, while strengthening direct service delivery models, is essential.

Programme priorities and partnerships

19. The country programme is a steppingstone to the achievement of the Sustainable Development Goals and is aimed at addressing inequality, so that all children and adolescents access the services necessary to fulfil their rights. The programme comprises five convergent outcome areas in health, nutrition, education, child protection and WASH. These contribute to all five Goals of the draft UNICEF Strategic Plan, 2018-2021, as well as at least 18 result areas, to ensure that every child survives and thrives, is educated and is protected from violence and exploitation and lives in a safe and clean environment. To ensure that every child has an equitable chance in life, strategic cross-sectoral support within the social- inclusion and programme-effectiveness components will address critical bottlenecks that prevent achievement, including in the areas of gender equality; adolescent empowerment; and the reduction of multidimensional child poverty, including through social protection and strengthened local governance. Resilience and disaster risk reduction have been mainstreamed into all components.

20. UNICEF consulted extensively with the Government, development partners, civil society organizations and adolescents, including for the analysis of barriers and bottlenecks to service delivery and the underlying theory of change. The United Nations Development Assistance Framework (UNDAF), developed collaboratively and validated with the Government in February 2017 and signed in March, is aligned with government frameworks and national priorities, including Vision 2050 and the National Strategy for Responsible Sustainable Development. The country programme primarily contributes to the UNDAF 2018-2022 "People" outcome, which envisages that "by 2022, people in Papua New Guinea, especially the most marginalized and vulnerable, have enhanced and sustained utilization of quality and equitable services, food security and social protection".

Health

21. The health programme will reach newborns, children, adolescent girls and women of reproductive age, especially the most disadvantaged, to improve equitable access to and the use of quality maternal, newborn, child and adolescent health services, including immunization and HIV/AIDS. The theory of change highlighted the importance of convergence with the nutrition and WASH sectors to expand quality service coverage and use in target areas. UNICEF will provide technical advice on planning, budgeting, monitoring, data generation and the identification of capacity gaps; help to coordinate stakeholders; and leverage resources from other partners, including civil society and the private sector. Capacity-building support will increase the number of skilled service providers, particularly female outreach workers, in selected deprived provinces and districts. Service delivery will be supported through supplies (including cold chain), cash and services to facilitate the provision of critical services by the Government and other implementing partners. New approaches, including innovative alternative financing towards universal health coverage and the scaling up of critical interventions for children, will be explored. Demand will be increased through scaled up social mobilization and communications strategies, with a focus on adolescent girls' adoption of appropriate health behaviours.

Nutrition

22. The nutrition programme addresses supply and demand barriers associated with stunting. It is aimed at improving young-child feeding and care practices, micronutrient nutrition and the nutrition of children, adolescent girls and women, including in

humanitarian situations. It will support capacity development for the national and provincial Governments to formulate policy and strategy as well as to plan, budget, manage and coordinate multisectoral nutrition-specific and nutrition-sensitive interventions. In selected provinces, UNICEF will support supply provision to ensure the delivery of interventions, including for the community-based management of severe acute malnutrition, facility-based treatment, infant and young child feeding, micronutrient supplementation and adolescent and maternal nutrition services. The programme will promote knowledge of appropriate feeding and caring practices for caregivers and families to increase demand for key nutrition services and the adoption of positive nutrition behaviours, one of the main pathways to change.

Basic Education

23. The education programme will contribute to improved learning outcomes and completion rates in primary education through the strengthening of the Department of Education's capacity to develop and implement the National Quality School Standard Framework. . The programme will support pre- and in-service teacher training programmes aimed at improving skills to deliver child-friendly and gender-responsive education and support key stakeholders to provide alternative learning approaches and interventions for out-of-school children. At the national and local levels, the Department of Education will be further supported to promote WASH in schools and menstrual hygiene management. The capacity of the Community Development, Health and Education departments will be strengthened to develop and implement the inclusive early childhood development (ECD) policy for school readiness, including the early identification of developmental delays and early intervention through ECD centres and health facilities.

Child protection

24. Building upon current cooperation, the child protection programme addresses priority issues, bottlenecks and barriers to support the realization of the principal outcomes of the country's child protection policy, including through two sets of changes: (a) increasing access to key preventive and response services, as defined in the Lukautim Pikinini Act of 2015 and (b) increasing demand for and the use of essential packages of preventive and responsive protection services. The programme will promote a coordinated, multisectoral child protection system, support further improvements in the legal and policy environment, including the implementation of the overarching Act, and enhance the capacities of the Government, NGOs and civil society service providers to prevent and respond to violence and the capacity of families, communities and religious leaders to protect children and women from violence.

Water, sanitation and hygiene

25. The new WASH programme is aimed at enhancing the capacity of the Government, NGOs and community actors to reach at least 50 per cent of households and 60 per cent of schools and health facilities in selected areas with equitable, adequate, resilient and sustainable services that meet national standards, while contributing to other programme areas. The programme will promote behavioural change for improved WASH practices. Evidence-based planning, monitoring and decision-making will be strengthened through improved data and information management.

Social inclusion

26. The social inclusion programme is aimed at ensuring that national policies, plans and systems effectively promote gender-responsive social inclusion and multidimensional poverty reduction. UNICEF will work to ensure that national development and sector plans, budgets and social protection systems make specific commitments to children and promote their participation and engagement in decisions impacting their lives. The programme will strengthen national capacities to generate data and knowledge on child deprivation and disparities, while also supporting the research agenda for children to address the root causes of deprivations and identify emerging trends and issues. The programme will address the staggering capacity gaps of the national and provincial Governments in public-finance management, with a focus on the decentralization agenda and supporting local governance systems to effectively use resources towards results for the most disadvantaged children, adolescents, and women.

Programme effectiveness

27. The programme effectiveness programme will strengthen effective planning, coordination and results-based management in support of all programme components. Programme coordination will encompass guidance, tools and resources to UNICEF staff and partners for the design and management of programmes, along with the monitoring and evaluation of country programme results. Communications, advocacy and partnerships will contribute to increase the reach of the voice of UNICEF on behalf of children. Evidence and innovative approaches will be used to raise awareness of child rights and inequities, mobilize public support for policy change, using media and digital platforms, and support private sector fundraising, while promoting a credible brand. Cross-sectoral coordination will facilitate the implementation of key strategies, such as communication for development (C4D), disaster risk reduction and gender mainstreaming, while ensuring that enhanced field monitoring provides the information necessary to optimize programme effectiveness through the appropriate technical, supply and cash inputs.

28. The country programme will employ six strategies: (a) evidence-generation and policy dialogue to inform national policies, laws, budgets and standards; (b) institutional and human capacity-building for policy development and execution; (c) C4D to promote healthy practices, positive social norms, community mobilization and ownership; (d) service delivery to ensure inclusive quality services; (e) broad partnerships for children to promote aid effectiveness and South-South cooperation and to leverage resources for children; and (f) innovation to support programme implementation, communications and results monitoring, including through social media and mobile technology.

29. The proposed mix of strategies is aimed at ensuring a balance between upstream and downstream work against the background of the country's transition towards middle-income status. The country programme identifies support for cross-sectoral linkages as an explicit implementation strategy. UNICEF will emphasize learning from partnerships and programmes that support integrated programming for children at different life-cycle stages and promote gender equality.

30. The country programme will be focused on the most deprived provinces and rural areas, where the programme will accelerate the provision of children's access to basic services and bring efforts to scale. At the national level, the UNICEF catalytic role will be leveraged to bring about sustainable changes in systems and policies to address the root causes of rights violations. The programme will support nationwide priority interventions, such as routine immunization and vitamin A supplementation and the provision of teaching and learning materials.

31. Partnerships will be explored with a wide group of stakeholders from the United Nations, international financial institutions, civil society, faith-based organizations and international alliances, as well as with the private sector, the media, professional bodies and universities. UNICEF will increase its interactions and partnerships with local government, communities and community-based social structures.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health	1 000	12 500	13 500
Nutrition	1 000	9 000	10 000
Water, sanitation and hygiene	1 000	24 000	25 000
Basic education	1 000	15 000	16 000
Child protection	2 000	10 000	12 000
Social inclusion	2 200	2 000	4 200
Programme effectiveness	2 670	2 500	5 170
Total	**10 870**	**75 000**	**85 870**

Programme and risk management

32. The main coordinating body providing strategic direction for Government cooperation with the United Nations and the implementation of the country programme is the Ministry of National Planning and Monitoring. The United Nations system harmonizes its collective strategy according to the One United Nations initiative, financed through a common budgetary framework. The Government and the United Nations plan together annually and oversee implementation at the technical and strategic levels. UNICEF participates in the results groups established to facilitate the coordination, management, implementation and reporting against the four UNDAF outcomes. Programme components and outcomes will be managed with the relevant ministries, Government agencies and intersectoral coordinating bodies.

33. The main potential threats to implementation are the possibility of an unstable or sensitive political situation; a shift in Government focus; declining investment in social sectors exacerbated by the recent economic downturn; serious technical capacity gaps within the social sectors and inflated costs of implementation; and an increase in natural disasters , exceeding existing response and resilience capacities.

34. As a mitigation strategy, UNICEF will strengthen communication and evidence-based advocacy. With partners, it will support the Government in risk-informed programming and regularly assess and monitor disaster risks, with a view to reducing country and community risk and preparing for and responding to emergencies in a coordinated manner.

35. Regular resources and a portion of other resources will contribute to management costs. Programme implementation risks related to fund transfers and implementation will be monitored through risk-management tool updates, programme assurance activities

(including harmonized approach to cash transfer compliance), adherence to corporate anti-fraud guidance and performance reviews of office management targets and standards.

36. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

37. Results monitoring will rely upon strong coordination with national partners in collaboration with United Nations agencies to support national planning, statistics-strengthening and aid effectiveness. The delivering-as-one processes will assure better coordination with the Government and improved coherence. Joint work plans will be developed and updated with the Government and other partners based on recommendations from annual reviews. The United Nations reports annually on the progress through a single progress report to the Government and other stakeholders.

38. UNICEF will support the monitoring systems of the Government with field monitoring, undertaken jointly with partners. Innovative ways of monitoring will be explored using modern technology, including mobile phones. UNICEF will accelerate the implementation of the Monitoring Results for Equity System in order to continuously assess barriers and bottlenecks.

39. The five-year and annual Integrated Monitoring and Evaluation Plans will identify requirements for research, studies, surveys, monitoring systems and evaluations linked to the key results and core indicators. UNICEF will participate in country-led reviews and consultations involving the United Nations and development partners. Independent evaluations will be conducted and jointly managed with the Government for programme learning and accountability and to provide evidence on innovative or pilot interventions prior to scale-up.

Annex

Results and resources framework

Papua New Guinea – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Articles 6, 7, 12, 19, 24, 26, 27, 28 and 29

National priorities: Strategy for Responsible Sustainable Development 2014, Development Strategic Plan 2010-2030 and Vision 2050

Related Sustainable Development Goals: 1, 2, 3, 10 and 17; targets: 3.9.2, 4.a, 5.2, 6.1, 6.2, 16.2, 16.3 and 16.9.1

UNDAF outcomes involving UNICEF: Outcome 1: By 2022, people in Papua New Guinea, especially the most marginalized and vulnerable, have enhanced and sustained utilization of quality and equitable basic social services, food security and social protection.

Sub-outcome 1.1: By 2022 Papua New Guinea policies, plans and budgets promote inclusive human development, and are effectively led, regulated and coordinated; Sub-outcome 1.2: By 2022, national authorities (at the central and decentralized levels) effectively manage and deliver social services in line with national standards and protocols; Sub-outcome 1.3: By 2022, people in Papua New Guinea, especially the most marginalized and vulnerable, increasingly demand and use social and protective services.

Outcome indicators measuring change that includes UNICEF contribution: 1.1.3: Increase in gross completion rate at grade 8 (disaggregated by sex); 1.1.4: Total health expenditure per capita in United States dollars; 1.2.1: Increase in proportion of births attended by skilled health personnel; 1.3.1: Increase in percentage of adults and children on antiretroviral therapy among all adults and children living with HIV; 1.3.3-B: Number of cases of gender-based violence from a current/former intimate partner, family member and violence against children reported to authorities: police, social services, medical facility; 2.3.2 Reduction in prevalence of stunting in children under five years.

Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*[2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks)*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2022, newborns, children under five years of age, adolescent girls and women nationally,	Proportion of infants who received Pentavalent-3 vaccination	National Health Information System (NHIS)	1. The budgetary and regulatory capacities of the national and provincial health authorities in selected provinces have improved	National Department of Health (NDOH); Department of National Planning	1 000	12 500	13 500

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

[2] Whenever possible, data will be disaggregated by sex and disability status.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*[2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
especially the most-disadvantaged, enjoy improved equitable access to and utilization of evidence-based high impact health services.	B: 56% (2015) T: 90%		capacity to support the effective implementation and scaling-up of high-impact gender-responsive maternal, newborn, child and adolescent health (MNCAH) services, focused on the most disadvantaged. 2. National and provincial health authorities in selected provinces have improved capacity to plan, implement, monitor and report the delivery of gender-responsive MNCAH services, focused on the most disadvantaged, to prevent excess morbidity and mortality among girls, boys and women, including in humanitarian situations. 3. Male and female caregivers and family and community members, especially the most disadvantaged in selected provinces, have improved knowledge and understanding regarding timely care-seeking and caring practices for quality immunization and MNCAH services, including the prevention of parent-to-child transmission of HIV and AIDS for their children.	and Monitoring (DNPM); provincial and non-provincial health authorities; United Nations; World Bank; Asian Development Bank (ADB); non-governmental organizations (NGOs), faith-based organizations (FBOs); universities; professional associations			
	Proportion of births conducted by skilled health workers B: 44% (2006) T: 60%	NHIS					
	Proportion of newborns receiving early essential newborn care at health facilities in selected provinces B: 55% (2016) T: 70%	NDOH monthly hospital-based report					
	Proportion of HIV-positive children who received antiretroviral therapy in selected provinces B: 36% (2015) T: 70%	NHIS HIV Reports					
2. By 2022, children under five years of age, adolescent girls and women in selected provinces adopt and utilize improved nutrition and care practices.	Proportion of infants 0-5 months) who are exclusively breastfed B: 36% (2010) T: 60%	Demographic and Health Survey and/or HIES	1. National and provincial Governments have improved capacity to formulate policy and strategize, plan, budget, manage and coordinate multisectoral nutrition-specific and nutrition-sensitive interventions for the most vulnerable and disadvantaged	DNPM; NDOH; provincial, non-provincial and district health authorities; World Health Organization; World Bank; NGOs; FBOs; universities;	1 000	9 000	10 000
	Proportion of districts in six	SMART Survey					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)* [2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	selected provinces with 90% coverage for targeted children of severe acute malnutrition (SAM) treatment to Sphere standards B: 0 (2017) T: 90%	(midline, endline); UNICEF country programme evaluation	children, adolescents and women, including during emergencies. 2. National, provincial and district health authorities have improved capacity and the necessary supplies to ensure the delivery of nutrition-specific interventions to prevent excess morbidity and mortality among children and women, including during emergencies. 3. Male and female caregivers and families, especially the most vulnerable and disadvantaged, have improved knowledge of appropriate feeding and caring practices for women, adolescent girls, infants and young children and seek quality health and nutrition services, including in emergencies.	professional associations			
	Proportion of children (6-59 months) who received two doses of vitamin A. B: 22% (2015) T: 70%	NDOH Statistical Performance Annual Report (NHIS/Sector Performance Annual Review)					
3. By 2022, school-age girls and boys, especially the most marginalized, successfully complete pre-primary and primary education.	Net admission rate at the pre-primary grade B: 29% (2014) T: 50%	National Department of Education (NDOE) administrative data	1. Education officers at the national and subnational levels have increased capacity to plan, budget, implement and monitor child-friendly education in elementary and primary, including education for out-of-school children in selected provinces. 2. Teachers and school management in early childhood education centres, elementary and primary schools have improved skills to deliver child-friendly education and learning outcomes including for out-of-school children in rural and remote areas	NDOE; Department of Community Development and Religion; United Nations Educational, Scientific and Cultural Organization Institute for Statistics; Global Partnership for Education	1 000	15 000	16 000
	Proportion of girls and boys: (a) in grades 3; and (b) at the end of grade 5; achieving minimum proficiency level in reading and mathematics (a) Grade 3 (reading: 47%; mathematics: not yet established) (b) Grade 5 (reading: 18%;	Pacific Islands Literacy and Numeracy Assessment Survey; Curriculum Standard Monitoring Test; Early Grade Reading Assessment					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)* [2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
	Mathematics: 37%) T: Grades 3 and 5: reading and mathematics: 50%		in selected provinces. 3. Mothers, fathers and caregivers in selected provinces have improved understanding of the value of sending girls and boys, including children with disabilities, to school, including to early childhood education centres.				
	Grade 8 completion rate B:35% (2014) T: 65%	National Department of Education Annual Report; Grade 8 National Exam Results Report					
4. By 2022, girls, boys and women nationally have increased access to and utilize preventive and responsive protection services that promote their safety, well-being and access to justice.	Proportion of Level 1[3] child protection notification cases in the five targeted provinces that receive comprehensive care. B: 0% T: 50%	Service delivery reports	1. National Government has increased capacity to effectively plan, budget, coordinate and monitor the implementation of key family and child protection laws and policies. 2. Mandated Government departments and civil society organizations in selected provinces have increased capacity to plan, budget and deliver essential packages of preventive and responsive protection services across health, welfare, education and justice sectors. 3. Communities, parents, caregivers and children have increased awareness of the consequences of violence and have the skills to protect children and women.	Departments for Community Development and Religion; Justice and Attorney General; NDOH; Royal Papua Constabulary; Magisterial Services; Constitutional and Law Reform Commission; Office of National Identification and Civil Registration; Department of Provincial and Local Government Affairs; FBOs, CSOs; United Nations agencies; development partners	2 000	10 000	12 000
	Percentage of children receiving diversion by police out of the total number of children arrested in selected provinces. B: 52% T: 70%	Juvenile justice annual report					
	Percentage of children under five years of age whose births are registered (by sex, place of residence and household	Civil Registrar report					

[3] Level 1 child protection cases are defined in child protection operational guidelines as notification cases in which the health and safety of a child is in danger, such as child sexual abuse; separated children; or abandoned children.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)* [2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	wealth quintile) B: 10% T: 50%						
5. By 2022, at-least 50 per cent of households and 60 per cent of schools and health facilities in selected areas access and use equitable, adequate and sustainable water, sanitation and hygiene (WASH) services that meet national standards, including during emergencies.	Functioning service delivery arrangement for rural WASH and WASH in Institutions B: 0 T: 1	Global Analysis and Assessment of Sanitation and Drinking-Water	1. National WASH Programme Management Unit have strengthened capacity to lead and coordinate WASH sector and ensure that key governance functions for the WASH sector are in place, including during emergencies. 2. Four district development authorities have strengthened capacity to deliver equitable, adequate, sustainable WASH services at households, schools and health facilities, including during emergencies 3. Parents, caregivers and children in selected districts have increased knowledge and skills to improve sanitation and hygiene behaviour and to demand quality services.	DNPM; WASH Project Management Unit; NDOH; NDOE; selected provincial and district development authorities, academia and sector partners	1 000	24 000	25 000
	Proportion of population having access to basic sanitation and water in rural and urban areas of selected districts B: 20% T: 60%	Surveys					
	Proportion of schools with basic WASH services in selected districts B: 40% T: 60%	Educational Management Information System; assessment reports					
	Proportion of health facilities with basic WASH services in selected districts B: 10% T: 50%	Health Management Information System; assessment reports					
6. Evidence-based policies, budgeting, planning and local governance systems	Total expenditure on basic services (education and health) per capita	UNICEF reports; National Department of	1. National capacity to ensure inclusive and equitable social policy is improved.	United Nations; World Bank; ADB; NDOP; National Youth Development	2 200	2 000	4 200

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)* [2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
effectively promote social inclusion, gender equality and poverty reduction and adolescent development and participation.	B: Health - $73 (2016), Education – N/A T: Health – $85; Education - TBC	Personnel Management (NDOP) reports	2. National capacity for the collection, management and analysis of child-sensitive data is improved. 3. In selected provinces, provincial, district and local councils, have improved planning and budgeting capacities to ensure that priorities for children and adolescents are included in development plans.	Authority			
	Number of children covered by social protection systems B: 0 T: 10,000	UNICEF reports; NDOP					
	Number of provincial and local governments that have evidence based and costed plans for children and adolescents B: 0 T: 8	Programme evaluation					
7. The country programme is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Percentage of country office meeting organizational performance standards B: TBC T: 95%	Annual reports	1. UNICEF staff are provided guidance, tools and resources to effectively design, plan, coordinate, implement, monitor and evaluate the country programme. 2. UNICEF staff and partners are provided tools, guidance and resources for effective advocacy and partnerships on child-rights issues with stakeholders. 3. Strategies to address cross-cutting issues related to child rights are developed and applied, including gender, disaster risk reduction and C4D.	United Nations; Government	2 670	2 500	5 170
	Advocacy and resource mobilization strategy developed and implemented B: 1 T: 1	Annual reports					
	Integrated strategy and work plan for communication for development (C4D) funded and implemented B: 0	Annual reports					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)* [2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T: 1						
Total Resources					**10 870**	**75 000**	**85 870**

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Executive Board
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Item 8 (a) of the provisional agenda*

Country programme document

Somalia

Summary

The country programme document (CPD) for Somalia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $40,740,000 from regular resources, subject to the availability of funds, and $227,011,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

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Programme rationale

1. On 1 October 2015, Somalia became the 196th nation to ratify the Convention on the Rights of the Child. This milestone, coupled with the notable attention to children's rights in the National Development Plan (NDP), represent significant opportunities for the next UNICEF Somalia country programme. The NDP underlines the critical importance of nutrition, strongly references social protection and its significant links to poverty reduction and commits to developing Somalia-appropriate indicators and targets aligned with the Sustainable Development Goals.

2. The first constitutionally mandated Upper House of Government and the peaceful presidential elections held in February 2017 demonstrate increased political commitment. The Federal Government of Somalia is internationally recognized (since 2012), but governance capacity remains limited. Conflict and destruction in the north, where two regional authorities, Somaliland and Puntland, emerged in the 1990s and have attained modest levels of governing capacity. More recently, new federal states have emerged across the central and southern regions of Somalia. The widely consulted Wadajir Framework of the Federal Government provides a road map for how the states and their increased level of representation and accountability will put the nascent decentralization strategy into practice.

3. Somalia is emerging from the prolonged period of state collapse that followed civil war and conflict. Security and access remain a challenge in many areas, not least due to the presence of armed anti-Government entities.

4. Children and women face more difficult challenges in Somalia than almost anywhere in the world, with the fourth-highest gender inequality index rating globally and exceptionally high population growth, fertility, child and maternal mortality rates. In 2012, 73 per cent of the population was below the age of 30 years; the median age is 16.3 years, making it the fourth youngest country in the world. Such a youthful population can constitute a demographic dividend in some countries, but in Somalia the challenging context renders it more of a burden. A lack of employment opportunities in both rural and urban areas leaves young people prone to frustration, insecurity and, increasingly, to recruitment by armed groups of all types or to desperate, dangerous attempts at migration.

5. The Somali people, particularly women and children have some of the worst health indicators in the world. Despite modest improvements in maternal and child mortality rates[1] over the past five years, inequity among communities means that some children and mothers are disproportionately exposed to avoidable and treatable diseases. The under-5 mortality rate of 137 per 1,000 live births is the third highest in the world. Neonatal deaths (in the first 28 days of life) are among the world's highest: 732 of 100,000 live births. Somali women face a higher lifetime risk of maternal death – one in 22 – than women in all but two other countries.

6. Child deaths from malaria have declined dramatically, but progress towards reducing rates of acute respiratory infections and diarrhoea in children under the age of 5 years and improving overall immunization rates (45 and 51 per cent for measles and pentavalent vaccines, respectively) is insufficient. Adult HIV prevalence has been reported at 0.5 per

[1] UNICEF, World Health Organization (WHO), World Bank, United Nations. Levels and trends in child mortality: Report 2015. New York, USA: UNICEF, 2015. https://www.unicef.org/publications/files/Child_Mortality_Report_2015_Web_8_Sept_15.pdf.

cent.[2] Of the 30,000 estimated people living with HIV, 9 per cent are estimated to be receiving treatment. Although new HIV cases among pregnant women in Somalia decreased from 0.9 per cent in 2009 to 0.28 per cent in 2014, stigma towards those with HIV remains high.

7. Global acute malnutrition (GAM) has varied between 12 and 14.9 per cent over the past five years. The annual case load of acute malnutrition, according to the findings of the post-Deyr[3] 2017 Food Security and Nutrition Analysis Unit seasonal assessment, is an estimated 944,000 children, including 185,000 children suffering from severe acute malnutrition (SAM). The nutrition situation of internally displaced persons (IDPs) is particularly critical.

8. Undernutrition is thought to be the underlying cause of 45 per cent of deaths of children under the age of 5 years. In some parts of Somalia, levels of GAM for children under 5 years is often above the critical level as a result of drought, underlying vulnerabilities caused by years of conflict, the collapse of basic social services and an erosion of resilience over time. Stunting, with the exception of Kismayo IDPs that reported a very high rate (more than 40 per cent), is not a significant public health concern. Anaemia and vitamin A deficiency affect a high number of children and mothers; approximately half of all women in Somalia suffer from anaemia. Given that Somalia is chronically food insecure, dietary diversity is poor, reflecting the inadequacy of food access and availability. An evaluation of exclusive breastfeeding coverage confirmed that negative perceptions were the main barriers to breastfeeding among mothers, in addition to a correlation between higher levels of maternal education and the likelihood of seeking more healthful dietary options and taking iron-folate supplements. Somalia became a member of the Scaling-Up Nutrition movement in 2014.

9. Over 47 per cent of the population lacks access to safe drinking water. Water is usually seen as an economic rather than a social good in Somalia. Limited regulation of private water suppliers allows operators to charge extortionate prices, forcing households to fetch water from contaminated sources. Water collection is the responsibility of women and girls, a time burden that limits their participation in employment and education, and increases exposure to risk. Given the common practice of open defecation and the absence of a system for monitoring and controlling bacteriological water quality, the majority of open wells and even shallow boreholes are polluted. In emergencies, cross-contamination of water supplies with faeces is even more acute, as populations gather in crowded camps with limited practice of life-saving behaviours, such as the use of latrines, handwashing with soap and point-of-use water treatment. Outbreaks of cholera and other faecal-oral diseases are predictable outcomes of such conditions.

10. At 24 per cent in 2015, the incidence of diarrhoea in children under the age of 5 years has not changed much over the past decades, despite the rise in the use of improved water. The trend is similar for urban and rural children; rates are higher for poorer families and less-educated mothers. An average of one in five people uses improved water and sanitation, although practice varies greatly between urban and rural populations: approximately half of urban dwellers use improved services compared with just 4 per cent of those in rural areas. Urban dwellers benefit from greater choice and access, while rural

[2] UNICEF, State of the World's Children Report, 2016.

[3] The Deyr rains are the shorter of the two main rainfall seasons in Somalia.

dwellers rely more on self-supply options (i.e., shallow wells, open defecation/unimproved latrines) due to isolation and lower population density.

11. Somalia has one of the world's lowest proportions of primary-age children attending primary school. More than half of all children are out of school; children who attend primary school tend to start at a later age, with girls' participation consistently lower than boys. Among the main reasons are lack of money, geographical access, infrastructure and trained teachers; weak quality-assurance systems; competing domestic burdens for children, particularly girls; and insufficient domestic financing for education, which ranges from 2 to 6 per cent of national budgets. More children of primary age attend traditional Qur'anic schools than formal education. Less than one-quarter of children achieve minimum learning competencies by grade 4. High primary-school attrition rates (exceeding 50 per cent in parts of Somalia) demonstrate the challenges resulting from low-quality teaching and learning, as well as weak service provision, particularly for socially excluded children. Educational inequities are also stark: the gross enrolment rate (GER) is under 4 per cent for pastoralist children and under 17 per cent for internally displaced children. Adapting educational approaches to reach pastoralist and agro-pastoralist communities, which comprise close to 60 per cent of the population, is critical as traditional educational formats do not suit their nomadic lifestyle or economic needs.

12. Girls' participation in education is consistently lower than that of boys. Fewer than 50 per cent of girls attend primary school, and only 25 per cent of women aged 15 to 24 are literate. Yet, overall participation and literacy rates are only slightly better for boys. Lack of female teachers, safety concerns and social norms that favour boys' education are cited as factors inhibiting parents from enrolling daughters in school. Conditions for secondary education are worse, with a GER of only 26 per cent nationally. The most-excluded adolescents and youth are those living as IDPs or in rural settings.

13. The protective environment for children and women is extremely limited. Children separated from their families due to displacement and poverty are exposed to high risk of exploitation, trafficking, violence and abuse; children of IDPs and minorities are particularly vulnerable. Societal acceptance of domestic violence and corporal punishment stands between child victims and justice. A lack of legislation enables children to engage in hazardous work, many becoming child soldiers. Children are often seen as an economic resource. The risk of rape and other forms of sexual violence is widespread;[4] stigma prevents the reporting of incidents. Prosecution and convictions for rape and other sexual violence are rare. Customary law is a means of recourse, but girls and women lack any voice in such fora. Female genital mutilation/cutting (FGM/C) and child marriage are prevalent. Ninety-eight per cent of women between 15 and 49 years of age have undergone some form of FGM/C – the highest rate in the world. About 10 per cent of marriages occur before the girl is 15 years old, and about half before they are 18.

14. Recruitment or the use of children by armed groups and forces is sometimes considered as a means to escape poverty. The same armed groups and forces detain, kill, maim, rape and sexually abuse children. In 2016 alone, over 4,887 grave violations by armed groups and forces were recorded, affecting 688 girls and 3,369 boys.

15. Somalia faces recurrent climatic shocks. In 2017, the humanitarian situation rapidly deteriorated due to a drought that began in 2016 and affects almost the entire country.

[4] For more information see J. Gardner and F. Musse, *A Gender Profile of Somalia*, 2013.

Should the 2017 Gu* season perform poorly and humanitarian assistance not reach populations affected by drought, there will be a risk of famine, reminiscent of that in 2011. The situation jeopardizes the survival and well-being of children, as well as the development gains made over the past few years.

16. Lessons learned during the previous country programme confirm that good progress is possible despite these challenges. UNICEF has learned to be agile in responding to humanitarian crises while at the same time strengthening national systems and capacities to sustain basic services. More focused inter-agency collaboration and partnerships have been instrumental in ensuring that much-needed services reach the most vulnerable children. UNICEF has the comparative advantage of working holistically, not only across sectors but also across the humanitarian and development continuum. Building the resilience of government and community partners has significantly contributed to the achievement of results for children and women.

Programme priorities and partnerships

17. The UNICEF country programme will contribute to ensuring that all children in Somalia, especially, the most vulnerable, are healthy, in school, protected from harm and living in resilient communities with access to government-led social services. The country programme is aligned with (a) the Sustainable Development Goals; (b) the draft UNICEF Strategic Plan, 2018-2021; (c) the draft Somalia National Development Plan and other development plans; and (d) the United Nations Strategic Framework.

Programme approaches and strategies

18. To ensure that all children in Somalia have a fair chance in life, equity (encompassing gender equality and social inclusion) is core to the programme. UNICEF will support national policies and programme design to address inequality among children. Programming will respond to specific socioeconomic exclusion of minority groups (including Bantu communities) or marginalized children. Geographical targeting will focus on hard-to-reach children. Gender priorities will be incorporated into sector strategies. Technical partnerships with civil society organizations will be designed to enhance equity approaches.

19. Somalia has been affected by humanitarian crises for more than 25 years and is characterized by protracted crises. UNICEF will ensure that humanitarian investments articulated in the annual report on Humanitarian Action for Children respond to humanitarian needs and contribute to long-term development. Strategies will include (a) timely humanitarian assistance; (b) reaching the most deprived and vulnerable children and women; and (c) strengthening government and community capacity to respond to crises and humanitarian needs through the resilience programme. UNICEF will play an active role in coordination, especially through its leadership of the nutrition and water, sanitation and hygiene (WASH) clusters and the child protection sub-cluster, and its co-leadership of the education cluster.

20. UNICEF will build community and systems resilience efforts in high-risk and fragile contexts affected by recurrent climatic and other shocks and stresses by linking behaviour

* The Gu rains are the longer of the two main rainfall seasons in Somalia.

change, multisectoral approaches, capacity strengthening and equity strategies. UNICEF will enable sustainable, accountable, transparent and inclusive service delivery in communities by building on participatory planning, management and monitoring systems. Efforts to strengthen staff, partner and government capacity for risk-informed programming will be sustained, in order to support and protect results in high-risk and fragile contexts.

21. Communication for development (C4D) and behaviour change are integral to the programme, promoting changes in social norms and practices among families and communities in an effort to break through the cycle of inequities, gender discrimination and vulnerability. C4D will contribute to accelerating the achievement of programme results by engaging and empowering key stakeholders (girls and boys, their mothers and fathers and community members) to be actively involved in their own development. C4D will play a crucial role in supporting awareness-raising among community members. A key area of focus will be mass media and interpersonal community-based strategies; interactive and entertainment-based platforms; and information and communication technologies and social media-based platforms. To ensure success, the strategies applied will be tailored to the needs of different groups.

22. A significant focus will be on capacity, systems and institutional strengthening. UNICEF will strengthen capacities for coordination, planning, management and accountability, as well as data management, legislation and policy development. Simultaneously, UNICEF will support government and local partner capacity for service delivery, including strengthening the capacity of frontline workers and logistics management in order to enhance the coverage, quality and sustainability of basic services, with a focus on the most marginalized and disadvantaged children. In alignment with the Grand Bargain commitment made at the 2016 World Humanitarian Summit to deliver at least 25 per cent of humanitarian funding to local responders, UNICEF will continue strategic engagement with local actors. Investing in national non-governmental organizations (NGOs) will include (a) equity focus of service delivery mechanisms; (b) results based management; and (c) further development of monitoring tools.

23. UNICEF will continue to nurture partnerships by working closely with key government entities at national and sub-national levels, as well as the World Bank and other multilateral partners, bilateral donors, academia, private sector and NGOs. Through partnerships, UNICEF will seek to address policies, systems and service-delivery bottlenecks. Enhanced partnerships will support equitable access to services, as will partnerships with media and civil society to support behaviour change and community outreach initiatives to promote child-friendly practices in diverse communities. Finally, UNICEF will enhance its partnership with the Somali diaspora on issues that influence the well-being and rights of children. UNICEF will work closely with sister United Nations agencies, including the Food and Agriculture Organization of the United Nations (FAO), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), United Nations Assistance Mission in Somalia (UNSOM), World Food Programme (WFP) and World Health Organization (WHO), and intergovernmental bodies to deliver results for children.

24. Priorities in social policy will entail unpacking the systemic exclusion of minority groups, particularly as child well-being is directly affected by governance and budgeting decisions. Efforts under way with the International Budget Partnership will be linked with wider public-finance management and child-friendly budgeting initiatives. UNICEF will foster dialogue, building upon its convening power to broker relationships across different

change agents, from engagement with line ministries to parliamentarians; federal, state and local authorities; civil society; the private sector; and children. At the core will be the effort of UNICEF to support the Government to uphold its commitment to the Convention on the Rights of the Child.

25. Communication and advocacy are aimed at leveraging evidence-based data and information to create an enabling environment at all levels, particularly through the media, community meetings, individual champions and the dissemination of material to mobilize political will and community engagement to implement the Convention on the Rights of the Child, respect child rights and address inequities affecting children. Capacity-strengthening for Somali journalists on child rights and modalities of reporting will be a priority.

26. UNICEF will use its convening role to bring together local and national organizations for collective lobbying on children's issues. UNICEF will expand its outreach through print, broadcast and digital outlets to engage Somalis, the diaspora and international audiences on child-rights issues and on the work of UNICEF in Somalia, to fuel social engagement and increase private and public resources for children.

Programme priorities[6]

27. The country programme will comprise seven programme components, described below. There will be an equal focus on upstream and downstream work, including multisectoral approaches to strengthen the resilience of children, mothers and communities.

Health

By 2020, increased proportions of Somalis, especially mothers and children, have equitable access to and use essential health services in targeted areas.

28. This component will be focused on the first 1,000 days life. It is designed to support the supply of quality services and demand for services, while strengthening government capacity and systems to steer and oversee health services. The programme will prioritize routine immunization, the interruption of polio, the essential package of health services to reduce infant and maternal mortality rates[7] and reduction in malaria prevalence. Health systems strengthening priorities will include focus on information systems, supply chain, logistics, human resource management and health financing. UNICEF will work with the Government to develop appropriate health policies, strategies and evidence to inform planning and decisions.

Nutrition

By 2020, increased proportions of girls and boys under the age of 5 years and women have equitable access to and use essential services and adopt optimal nutrition practices to reduce all forms of malnutrition, with a focus on vulnerable IDPs and emergency-affected communities.

29. This component will also be focused on the first 1,000 days life. UNICEF will support the Government and the Somalia secretariat of the Scaling Up Nutrition (SUN) movement

[6] All strategies are designed to enhance cross-sectoral linkages.
[7] Trends in Maternal Mortality: 1990 to 2015; WHO, UNICEF, United Nations Population Fund, World Bank Group, United Nations, p. 89.

to promote a holistic approach to nutrition focusing on developing costed nutrition response, strengthening national nutrition management systems and the government capacity to lead nutrition programming, the development of a human resource strategy for the sector and expansion of a nutrition pre-service curriculum and in-service training in academic institutions. UNICEF will also build the capacity of mothers, caregivers and their communities to promote preventive behaviours and increase demand for services such as therapeutic and outpatient programmes.

By 2020, increased numbers of people, especially women and girls, socially excluded groups and others in vulnerable situations, are healthy and live in resilient communities, access affordable and equitable WASH services and abandon open defecation.

30. To ensure that more people have equitable access to affordable water, sanitation and hygiene (WASH) services, fewer people practise open defecation and that children live in a safe and clean environment, UNICEF will focus on the provision of water supply, WASH promotion and WASH in emergencies. UNICEF will strengthen government capacity to develop and implement WASH-sector policies and strategies that include public-private partnerships. The programme will also reinforce the accountability between communities and water users, policymakers and service providers.

Education

By 2020, the GER for primary school has increased by 9 per cent, ensuring safe, equitable and quality education, with improved learning outcomes for learners at the pre-primary, primary and secondary levels, with a focus on the most-disadvantaged and vulnerable children, especially girls, populations and geographic areas.

31. UNICEF will focus on retention in school, learning at early-grade levels; teacher quality; education-sector management and its impact on inclusive education service-delivery; and education in emergencies. It will strengthen the institutional capacity of government partners, private education foundations and local NGOs to provide efficient and inclusive education services and improve access to quality learning, learning outcomes and greater resilience among children, families and communities across humanitarian, post-conflict recovery and development contexts.

Child protection

By 2020, increased numbers of children in Somalia are protected from all forms of abuse, neglect and exploitation.

32. UNICEF will focus on supporting an enabling environment to develop policy and legislative frameworks; achieve systems strengthening and effective partnerships for child protection; ensure access to adequately staffed child-protection services, facilities and information; promote an environment of demand; and ensure quality through adherence to required national or international standards. The programme will promote social norm change around FGM/C, gender-based violence, birth registration and child marriage; establish effective community-based and formal child-protection systems (ensuring reintegration programmes for children affected by armed conflict (including child soldiers); strengthen government capacity and workforce professionalism; and develop legislative and policy frameworks that protect boys and girls from abuse.

Social protection

By 2020, more children receive assistance through pilot social-protection programmes designed to enable all children to fully participate in the social and economic development of the nation and reach their full potential.

33. Social protection plays a key role in increasing household resilience to shocks and stresses – from the loss of employment, death or illness to conflict-related displacement and drought. UNICEF will concentrate on two areas: (a) building a social-protection framework, including the institutional arrangements for management, institutional criteria and delivery systems for social-protection interventions, including cash transfers; and (b) promoting the social and economic inclusion of children and youth in urban areas, focusing specifically on evidence-generation, policy dialogue and advocacy; partnerships and cross-sectoral linkages; and technical capacity-strengthening.

Programme effectiveness

UNICEF, the Government and partners adopt improved practices for effectively planning, implementing and monitoring programmes and delivering quality, multi-sectoral and equity-focused results.

34. This component will be focused on providing oversight and ensuring effective planning, management, implementation, operational support (including staff and premises safety and security), risk management, programme assurance, and monitoring of the country programme, in coordination with Government counterparts and other national and international development partners. It will promote the use of innovative and participatory approaches to increase public awareness and understanding of child rights in Somalia; promote the positioning of children at the centre of the national development agenda; promote positive individual behaviour and social change; and strengthen the resilience of communities and authorities to deliver services. The programme will also ensure accountability and transparency to all stakeholders, through risk management and effective budget management.

Summary budget table[8]

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health	5 790	97 686	103 476
Nutrition	5 700	11 988	17 688
Water, sanitation and hygiene	3 900	32 951	36 851
Education	3 900	50 220	54 120
Child protection	6 750	7 274	14 024
Social protection	1 200	1 458	2 658

[8] Given the size of the humanitarian programme, the estimated emergency budget for the country programme period is $391.2 million.

Programme effectiveness	13 500	25 434	38 934
Total	**40 740**	**227 011**	**267 751**

Programme and risk management

35. This CPD outlines the contributions of UNICEF to national results and serves as the primary unit of accountability to the Executive Board for the alignment of results and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures. The country office will maintain a core staffing structure, but remain flexible to scale up or down with temporary support, on the basis of contextual changes. More than half of the country office staff is currently based inside Somalia, and this presence will be continued and strengthened during the new country programme, starting with a move of the senior management team from Nairobi to Somalia in 2018.

36. UNICEF will implement a risk-management strategy to mitigate high risks to programme results, such as insecure access to populations in need, ensuring predictable and sustainable funding to development and humanitarian programming, and limited capacity and accountability of partners. UNICEF will continue to manage risk through the implementation of the harmonized approach to cash transfers, staff and third-party field monitoring to support programme implementation. In addition to monthly management team and programme staff meetings, thematic working groups will function in support of the programme (section heads, emergency management, resilience, C4D and operations). In addition, the resource mobilization task force, partnerships review committee, risk committee and research committee will meet regularly. A focus on results and value for money will be central to the work of the organization. UNICEF is a member of the United Nations-wide operations management and programme management teams, technical arms of the country team. UNICEF will maintain field offices in Mogadishu, Baidoa, Galkayo, Garowe and Hargeisa to support programme planning, implementation and monitoring in the zones.

Monitoring and evaluation

37. Greater accountability and programme adaptation is an important element of the NDP. Alongside other partners, UNICEF will strengthen the monitoring and evaluation capacity of the Ministry of Planning, Investment and Economic Development, as the ministry responsible for development cooperation and other line ministries. Real-time monitoring systems using technology, such as SMS-based platforms, and regular third-party monitoring, will continue in conjunction with field-monitoring by staff and partners. UNICEF will collaborate with UNFPA to support the Government in implementing the Demographic and Health Survey (DHS), and establishing baselines for monitoring the NDP.

38. For UNICEF, monitoring and evaluation will include measuring progress, supporting equity and bottleneck analysis and strengthening capacities in gender programming, results-based management and partner programme management. Efforts will include planning,

tracking and reporting on field monitoring, including the management of third-party monitoring in inaccessible areas.

39. CPD results and indicators are aligned to national and regional monitoring-and - evaluation frameworks, and will be monitored through mid-year and annual reviews with government and other partners. Monitoring will include attention to equity and gender and building these issues into data-collection systems to tackle key national and subnational bottlenecks and influence programme design and implementation.

Annex

Results and resources framework

Somalia – UNICEF country programme of cooperation, 2018-2020

Convention on the Rights of the Child:
Articles 1-3, 6-7, 9, 12-13, 17, 19-20, 22, 24, 26-30, 32, 34 and 36-40

Sustainable Development Goals: 1-6, 9, 10, 13 and 16

National Priorities: Somalia National Development Plan (draft): Chapter 3: Consolidating Peace, Inclusive Politics, Security and Rule of Law Chapter 7: Social and Human Development, Chapter 9: Building Resilience Capacity, Chapter 11: Effective Plan Management, Implementation, Monitoring and Reporting

United Nations Strategic Framework strategic and programmatic commitments involving UNICEF: 3 (Enhanced promotion of human rights and protection, including child protection and conflict-related sexual violence), 5 (gender and women, peace and security), 6 (youth, peace and security, empowerment), 7 (enhancing humanitarian collaboration with development partners on reducing risk, ending need and tackling underlying causes), and 8 (Supporting the nascent development trajectory of Somalia)

Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2020, increased proportions of Somalis, especially mothers and children, have equitable access to and use essential health services in targeted areas.	Children < 1 year receiving DTP-3 at the national level B: 53% (2015) T: 70%	Health Management Information System (HMIS) data	1. Seventy-five per cent of health facilities are equipped and 90 per cent of community health workers have skills to provide quality essential health package of services and primary care services, respectively 2. The four health system components (human resource, HMIS, supply chain and logistics and health financing) for effective and efficient services are in place	Local and international civil society organization (CSO) partners, federal and regional sectoral ministries, United Nations (WHO and UNFPA) and donors	5 790	97 686	103 476
	Percentage of adults and children with HIV known to be on treatment 12 months after the initiation of antiretroviral treatment B: 80% (2016)	World Health Organization (WHO) data					

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	T: 85%		and functional.				
	Percentage of births delivered in a health facility B: 18% (2015) T: 40%	HMIS data	3. Appropriate health policies, strategies, plans and evidence are available for planning and decision-making.				
	Proportion of population (in targeted districts) that slept under an insecticide treated net the previous night B: 17% (2015) T: 70%	Malaria Indicator Survey conducted every two years					
2. By 2020, increased proportion of girls and boys under the age of 5 years and women have equitable access to and use essential services and adopt optimal nutrition practices to reduce all forms of malnutrition, with a focus on vulnerable IDPs and emergency-affected communities.	Proportion of children (under 5 years) receiving vitamin-A supplements twice per year B: <10% T: 30%	Coverage survey	Strengthened and functional multisector humanitarian and development coordination mechanisms are in place and evidence-based, equity-focused nutrition policies, code strategies and plans are developed and/or reviewed.	Local and international CSO partners, federal and regional sectoral ministries, United Nations (WFP and FAO), SUN secretariat and donors.	5 700	11 988	17 688
	Proportion of pregnant women who received multiple micronutrient supplements B: <30% T: 50%	Coverage survey	2. Improved, integrated, quality basic nutrition services for children and pregnant and lactating women, including IDPs, are available.				
	Proportion of children (0-6 months) who are exclusively breastfed B: 33%; T: 45%	National nutrition survey/Infant and Young Child Nutrition assessment/Demographic and Health Survey (DHS)	3. Individuals, households and communities have improved knowledge of essential nutrition behaviours and increased capacity to plan, manage and monitor recurrent shocks and stresses.				
	Proportion of children (6-59 months) with severe acute	Coverage survey	4. Government and partners have enhanced capacity to deliver, monitor and report on services, strengthening the quality of nutrition programmes.				

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
	malnutrition, including IDPs, who are admitted into treatment B: Central South regions 48%; Puntland 65%; Somaliland – N/A T: 75% all regions						
3. By 2020, increased numbers of people, especially women and girls, socially excluded groups and others in vulnerable situations, are healthy and live in resilient communities, access affordable and equitable WASH services and abandon open defecation.	Propo tion of the population using a basic water facility B: national 53%; rural 37%, urban 76% T: national 65%, rural 50%, urban 80%	Knowledge, attitude and practice (KAP) survey, DHS, multiple indicator cluster survey (MICS)	1. Increased number people, in rural areas, small towns and urban centres as well as at schools and health centres have access to safe and affordable drinking water, especially women and girls. 2. Increased number people in rural, urban and peri-urban areas, small towns and at schools and health centres have access to adequate and equitable sanitation and hygiene services and are empowered to end open defecation. 3. Emergency-affected people are provided with lifesaving WASH interventions, especially women and girls. 4. A strengthened enabling environment and accountability structure within line ministries exists to support WASH at all levels, including the delivery of adequate, equitable and affordable WASH services.	Local and international CSO partners, federal and regional sectoral ministries, United Nations (WHO and FAO/Somalia Water and Land Information Management (SWALIM), donors.	3 900	32 951	36 851
	Proportion of the population practising open defecation B: National 37%; Rural 55%, Urban 19% T: National 25%; Rural 40%, Urban 15%	KAP survey, DHS, MICS					
4. By 2020, the GER for primary school has increased by 9 per cent, ensuring safe, equitable and quality education,	Primary school GER B: 32% T: 41%	Statistical yearbooks of ministries of education/Educatio nal Management	1. National capacity to deliver quality primary school education is improved and there is increased availability of quality primary	Local and international CSO partners, federal and regional sectoral ministries, United	3 900	50 220	54 120

UNDAF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
with improved learning outcomes for learners at the pre-primary, primary and secondary levels, with a focus on the most-disadvantaged and vulnerable children, especially girls, populations and geographic areas.		Information System (EMIS)	education services 2. 150,000 excluded children and adolescents have access to formal or alternative pathways to primary education. 3. Education ministries have reliable data management, credible accountability structures and quality assurance mechanisms in place and domestic financing for education is increased by 5 per cent. 4. Increased country-level capacities (Government and communities) to respond to emergencies are increased, with 120,000 children accessing education in emergency situations, including IDPs, host communities and returnees.	Nations partners, (Global Partnership for Education, UNESCO and the World Bank) and donors.			
	Survival rate to grade 5 B: 50% T: 65%	Statistical yearbooks of ministries of education/EMIS					
	Percentage of children at the end of grade 3 achieving minimum proficiency levels in literacy and numeracy in supported schools B: 20% T: 35%	Early grade reading assessment system					
	National budget allocation to education sector B: 6% T: 9%	Ministry of Finance					
5. By 2020, increased numbers of children in Somalia are protected from all forms of abuse, neglect and exploitation.	Percentage of children whose birth is registered B: 3% T: 15%	National survey/routine data	1. Communities, families and boys and girls themselves have strengthened capacity to protect children and women from violence and exploitation and to eliminate harmful practices (changing social norms). 2. Government welfare and justice institutions in Somaliland, Somalia and Puntland adopt legislative and policy frameworks to protect boys and girls from all forms of abuse, neglect and exploitation. 3. Government welfare institutions and CSOs have the capacity to deliver protection services to children (boys and girls), including	Local and international CSO partners, federal and regional sectoral ministries, United Nations (UN-Women, UNSOM and UNFPA) and donors.	6 750	7 274	14 024
	Percentage of girls and women (15-49 years) who have undergone female genital mutilation/cutting B: 98% T: 90%	National survey/routine data					
	Number of regulatory/policy frameworks addressing identified child protection priorities	Policies available					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	B: 2 T: 8		during humanitarian situations.				
	Percentage of reported cases of violence against boys and girls B: N/A T: reduced by 50%	Monitoring and reporting mechanisms					
6. By 2020, more children receive assistance through pilot social-protection programmes designed to enable all children to fully participate in the social and economic development of the nation and reach their full potential.	Percentage of targeted children benefiting from pilot social protection programmes B: 0 T: 95%	Quarterly Government-led social-protection coordination body meetings Social-protection policy drafted and endorsed by Government	1. Improved policies, processes, coordination mechanisms and capacities are in place to support the basic social-protection system through which Government-owned and managed social-protection programmes will be delivered post-2020. 2. The knowledge and capacity of the Government and other partners is increased to identify and respond to the social and economic inclusion of urban children and youth in social-protection and development programmes.	Local and international CSO partners, federal and regional sectoral ministries, United Nations partners (WFP and the World Bank) and donors.	1 200	1 458	2 658
7. UNICEF, the Government and partners adopt improved practices for effectively planning, implementing and monitoring programmes and delivering quality, multi-sectoral and equity focused results.	Percentage of country programme results that are annually reported as on track or achieved B (2016): outcomes 83%, outputs 65% T: outcomes 95%, outputs 100%	Annual and mid-year review processes	1. UNICEF uses optimal programme efficiency and effectiveness planning, monitoring and evaluation procedures and systems to achieve optimal results. 2. UNICEF, the Government and partners are capable of developing the capacity of women, girls and boys, families and communities to lead and actively participate in their own development, including during shocks and stresses, by adopting essential family behaviours and practices and	Local and international CSO partners, federal and regional sectoral ministries, United Nations (UNDP, WFP and FAO) and donors.	13 500	25 434	38 934

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome, regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
			enhancing local and community-managed services. 3. Convention on the Rights of the Child-informed, equity-focused and gender-sensitive policies, strategies and government capacities are in place to identify socially and economically excluded children and support increased access to basic services. 4. UNICEF and national capacities are strengthened to deliver humanitarian assistance aimed at reducing need and vulnerability and building resilience.				
Total resources					**40 740**	**227 011**	**267 751**